

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **6002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ralls,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri. RFD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perry, Missouri. R.F.D.	
c. LENGTH OF STAY (In this place) 43Yrs		d. STREET ADDRESS (If rural, give location) Saltriver Township. 0870	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saltriver Township			
3. NAME OF DECEASED a. (First) Charles b. (Middle) Paul c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) May 9, 1954	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 25, 1911
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR: Months 2 Days 14 Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farma	
11. BIRTHPLACE (City and State or foreign Country) Ralls County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Jones		13b. MOTHER'S MAIDEN NAME Cordie Bell	
14. NAME OF HUSBAND OR WIFE Laura Bell Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Laura Bell Jones		ADDRESS Perry, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thromboses		INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Stenosis			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastritis			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 5-9-54 , 19 54 , to 5-9- , 19 54 , that I last saw the deceased alive on 4-30-54 , 19 54 , and that death occurred at 7:00A M, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ernest T. Swan D.O.		23b. ADDRESS Perry, Missouri.	
23c. DATE SIGNED 5-10-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-11-54	
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery		24d. LOCATION (City, town, or county) (State) Hannibal, Missouri.	
DATE REC'D BY LOCAL REG. 5-11-54		REGISTRAR'S SIGNATURE 267 Clyde W. Wilkey	
25. FUNERAL DIRECTOR'S SIGNATURE Clyde W. Wilkey		ADDRESS Perry, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0870
1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clyde W. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.